

Case report – Retinoblastoma

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KEYWORDS :

Introduction

Retinoblastoma is an embryonal malignancy of the retina and is the most common intraocular tumor in India(1). About 90% cases are diagnosed by age 3-4 years and 98% by 5 years. Unilateral disease is common than bilateral disease but bilateral disease is diagnosed early. There is increased frequency of retinoblastoma in developing countries especially Africa, Asia including India.

Case Report

3 years old male child brought with complaints of leucokoria in both eyes, watering of both eyes and protrusion of right eyes since 1 yr. He is second product of non-consanguineous marriage. It is full term normal delivery with normal developmental history. On examination, he is having moderate wasting and moderate stunting. On eye examination, there is protruding necrotic and fungating mass of 5 cm diameter from right eye. There is white opacity in left eye. On MRI, there is bilateral retinoblastoma with intraocular extension with cavernous sinus and suprasellar region. There is no metastasis on other sites on scanning. Routine investigations of Hb, TLC, DLC, LFT and KFT are normal. In our setup patient received treatment since 9 months is on regular follow up. Patient has received chemotherapy in the form of Inj. Carboplatin, Inj. Etoposide and Inj. Vincristine.

**Discussion**

The retinoblastoma gene encoded on chromosome 13q14 was first described tumor suppressor gene. It can be sporadic or inherited. Leukocoria (white pupillary reflex) is the most common presentation. Strabismus, poor visual tracking and glaucoma are other presenting features. Orbital inflammation, hyphema and irregular pupil, fungating ocular mass are signs of advanced disease. In developing countries, retinoblastoma presents very late in its extraocular stage either with an orbital mass (proptosis) or with distant metastasis in bone marrow, lymph node or central nervous system(4).

Diagnosis is established by characteristic ophthalmologic findings often requiring examination under anaesthesia. Imaging studies like ultrasound CT/MRI scan are used for assessment of orbital, optic nerve and intracranial extension. Proper staging requires ultrasonography and imaging of the brain. Therapeutic plan usually requires a multidisciplinary approach. Incases of unilateral disease with large tumour where no useful vision can be preserved enucleation is must and early. In advanced disease and bilateral cases systemic chemotherapy includes vincristine, carboplatin and etoposide. Most tumours that are confined to one eye are cured. Curves are infrequent for extensive or metastatic disease(5,6).

**REFERENCES**

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